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ABSTRACT

The purpose of this study was to compare the self concept and achievement motivation of children with speech disabilities undergoing therapy and children with normal speech patterns. A total of 35 boys and 20 girls in grades one through four, from three elementary schools, were selected as having speech problems. A random sample of children without speech problems was selected as a control group. All of the subjects were administered the Self-Concept and Motivation Inventory (SCAMIN). First and second graders were administered the lower elementary form while the third and fourth graders were administered the later elementary form. The examiner read each item and then asked the students to mark the nose on the face, one of five faces, which represented how they really felt inside. The test yielded six scores for each individual: three related to self concept and three to motivation. From comparing the mean SCAMIN scores of the two groups by grade and sex, it was found that: (1) the higher the grade level, the greater the difference between self concept scores of those with speech problems and those with normal patterns; (2) the scores on achievement motivation were higher, but not significantly higher, for the control group; and (3) girls in therapy tended to have higher mean scores on the self concept and achievement motivation scales than boys in therapy. The results partially support the idea that speech difficulties tend to impair self confidence. (Author/MP)

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SELF-CONCEPT OF CHILDREN WITH SPEECH DISABILITIES

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One group of children who present a special problem to the school staff are those who have speech difficulties. This group represents the largest number of exceptional children within the area of special education in the elementary school. It is estimated that between five and ten percent of school age children have speech problems.

The counselor needs to know the various resource people both within and without the school system available to help these children. He also needs to be aware of the different types of speech problems that arise in order to make the proper referrals for treatment. The counselor must also recognize that children with speech disabilities may develop other personal and social problems. This may demand more consultations with teachers concerning these problems, group sessions with students and individual counseling with some students.

Johnson et. al. (1967) point out that speech difficulties tend to make for an impaired self-concept. Often Johnson (1946) concluded that children and adults strive for goals which are out of reach, resulting in continual or repeated feelings of failure, and leading to eventual demoralization. There, however, has been a paucity of studies on self-concept and speech problems in the primary grades. One major problem has been that appropriate tests have not been available for this level although as Wylie (1961) has pointed out there has been a bewildering array of operational definitions, hypotheses and instruments utilized. One instrument that offers possibility in getting a reliable and valid measure of self-concept and achievement motivation is the Self-Concept and Motivation Inventory: What Face Would You Wear? by Farrah, Milchus and Reitz (1968).

The purpose of this study is to compare the self-concept and achievement motivation of children with speech disabilities undergoing therapy with children with normal patterns. Specifically, the mean scores of these two groups on the

Self-Concept and Motivational Inventory was compared by grade and sex.

PROCEDURE

The speech therapists in three Maine school districts identified students in grades one through four who were currently in therapy. Thirty-five boys and twenty girls were selected as having speech problems other than those related to normal development trends. A random sample of children without speech problems were selected as a control group.

All of the subjects were administered the Self-Concept and Motivational Inventory (Farrah, 1968). First and second grade students were administered the lower elementary form while third and fourth grade students took the later elementary form. The examiner reads each item and asks the respondents to mark the nose on the face, one of five faces, which represents how they really feel inside. The test yeilds six scores for each individual. Three scores relate to self-concept. The "Role Expectations" scale measures the positive acceptance of the aspirations and demands that the student thinks others, significant others, expect of him. The "Self-Adequacy" scale measures the positive regard with which a student views his present and future probabilities of success. The "Self Concept" scale is made up by combining the scores on the "Role Expectations" and "Self-Adequacy" scales.

Three scores relate to motivation. The "Achievement Needs" scale measures the positive regard with which a student perceives the intrinsic and extrinsic rewards of learning and performing in school.

The "Failure Avoidance" or "Achievement Investment" scale measures the awareness or concern the student has toward shunning the embarrassment and sanctions which are associated with failure in school. The "Motivation" score is computed by combining the "Achievement Needs" and "Achievement Investment" scores.

The data was processed on the IBM 370 Computer of the Computing and Data Processing Services of the University of Maine. Differences between the means of the groups by sex and by grade were tested by "t."

RESULTS

The students in speech therapy were compared with those without speech problems on the six scale scores of the SCAMIN. The mean scores for the first grade sample are presented in Table I. There were no significant differences between mean scores on the SCAMIN scales of the boys in speech therapy with those who had normal speech patterns. However, the mean scores on each of the six scales were higher for boys with normal speech patterns. There was one significant difference between means of the sample of girls in first grade. On the "Self-Adequacy" scale, girls in therapy had a higher mean (24.300) than those who had normal patterns of speech (21.300). A "t" of -2.404 was computed and was significant at the .05 level.

In comparing girls in therapy with boys in therapy, girls have higher self-concept scores. On the "Self-Adequacy" scale, girls in therapy had a mean score of 24.300 to 18.700 for boys. A "t" of 2.739 was found between these two means and was significant at the .05 level. On the "Self-Concept" scale, girls had a mean score of 47.500 and boys of 38.800. A "t" of 4.126 was found to be significant at the .01 level.

The mean scores for the second grade sample are presented in Table 2. No significant differences were found between the means of the two groups. On all but one scale the control group had higher mean scores than those in therapy.

The mean scores for the third and fourth grade sample are presented in Table 3. Two of the comparisons were significant for the groups of boys, none for girls. Normals had a mean of 48.500 on the "Role Expectations" scale to 42.200 for boys in speech therapy. The "t" was 2.544 and was significant at the .05 level. The control group had a mean score of 93.500 on the "Self-Concept" scale to 83.100 for boys in therapy. The "t" computed was 2.272 and was significant at the .05 level. Girls without speech problems had higher mean scores, although not significantly higher, than girls in speech therapy on all the SCAMIN scales. It should be noted that girls in therapy had a higher mean score on the total "Self-Concept" scale than boys in therapy (86.300 to 83.100). A "t" of 2.195 was computed and found to be significant at the .05 level.

DISCUSSION

The higher the grade level the greater the difference between self-concept scores of boys with speech problems with those who have normal patterns for their age. The scores on the achievement motivation scales were higher for control groups of boys but not significantly so. The same pattern held for girls, although the differences between the means were not significant. Girls in therapy tended to have higher mean scores on the self-concept and achievement motivation scales than boys.

The results partially support the contentions of Johnson et al. (1967) that speech difficulties tend to make for impaired self-confidence. At this level achievement motivation was not significantly lower for children with speech disabilities from children with normal patterns. The findings also are similar to those comparing remedial with normal students. (See Leeds, 1971)

IMPLICATIONS

1. Counselors and Psychologists need to work cooperatively with the therapist, teachers and students in planning realistic performance objectives for the student with speech problems.
2. Counselors need to make teachers and therapists aware of the effects that speech problems might have on the self-concept of the individual.
3. Counselors need to make staff more aware of the many dimensions of self-concept.
4. A planned program for students is needed to make them aware of the many facets of self-concept and the effects of their behavior on the self-concept of others who are different from themselves.
5. Sex role and identification patterns of boys need to be taken into consideration in planning a program of remediation.
6. Besides the school staff, members of the student's family ought to be involved in the counseling, therapy and remedial process.
7. Counselors should monitor the effects of different types of speech disabilities on the self-concept of students over a period of time.
8. The counselor needs to study the effects of the sex of the therapist and the child in relation to self-concept and the success of the treatment.
9. Special counseling for some children with speech problems might be needed in order for them to maintain a positive self-concept.

TABLE I

Comparison for Grade 1 of Mean Scores on the SCAMIN of Children with diagnosed Speech Problems and those without Speech Problems

d.f.=18

SCALE	Boys in Therapy M	Boys in Therapy SD	Control M	Control SD	t	Girls in Therapy M	Girls in Therapy SD	Control M	Control SD	SD
Goal & Achievement Needs	24.600	1.897	25.000	3.162	.343	26.000	2.309	25.800	1.751	.218
Failure Avoidance	22.800	3.393	22.900	2.846	.071	23.010	4.678	23.400	1.265	.196
Motivation	47.400	3.169	47.900	3.872	.316	49.010	6.054	49.200	2.699	.045
Role Expectations	20.200	4.158	22.200	3.084	1.222	23.200	2.299	23.400	2.171	.200
Self-Adequacy	18.700	5.756	21.700	3.498	1.409	24.300	2.946	21.300	2.627	- 2.404*
Self-Concept	38.800	5.432	43.900	5.782	2.033	47.500	3.866	44.700	4.084	1.575

*Significant at .05 level

TABLE II

Comparison for Grade 2 of Mean Scores on the SCAMIN of
Children with diagnosed Speech Problems with those who do not have problems

d.f=28

SCALE	Boys in therapy		Control		
	M	SD	M	SD	t
Goal & Achievement Needs	25.400	3.602	26.600	2.131	1.111
Failure Avoidance	24.867	3.314	24.267	2.344	-.572
Motivation	50.267	4.415	50.867	3.701	.403
Role Expectations	21.933	3.412	22.867	2.066	.906
Self-Adequacy	22.533	2.387	24.067	2.017	1.901
Self-Concept	44.867	5.780	46.933	3.195	1.212

TABLE III

Comparison for Grades 3 & 4 of Mean Scores on the SCAMIN
of Children with diagnosed Speech Problems with those who do not have problems

d.f.=18

SCALE	Boys in therapy M	SD	Control M	SD	t	Girls in therapy M	SD	Control M	SD	t
Goal & Achievement Needs	47.100	7.094	50.200	6.529	1.017	48.200	7.239	52.200	3.393	1.582
Failure Avoidance	2.500	4.790	43.100	6.471	.236	45.500	6.311	46.000	4.944	.197
Motivation	89.600	10.793	93.300	10.446	.779	93.700	12.789	99.000	4.830	1.226
Role Expectations	42.200	5.287	48.500	5.778	2.544*	43.600	4.881	47.800	6.179	1.687
Self-Adequacy	40.600	6.620	45.000	5.869	1.573	42.700	4.572	45.200	6.070	1.040
Self-Concept	83.100	10.387	93.500	10.080	2.272*	86.300	9.093	93.000	11.490	1.446

*Significant at .05 level

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